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***Excellence in School Nursing: Affiliate School Nurse Administrator of the Year Application***

**INSTRUCTIONS:**

**Complete this form, attach supporting documents, and submit to:**

**Cheryl Mattern, NASN Director, 1830 Deamerlyn Drive York, PA 17406, csmattern@comcast.net.**

**Must be postmarked no later than February 1.**

1. **Name and Credentials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Work**

**Employer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Present Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of years in present position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of years in school nursing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position full-time (by Guidelines standard) YES \_\_\_\_\_\_ NO \_\_\_\_\_\_**

**Provider of direct nursing care in practice YES \_\_\_\_\_\_ NO \_\_\_\_\_\_**

**Registered Nurse YES \_\_\_\_\_\_ NO \_\_\_\_\_\_**

**Member of PASNAP/NASN,**

**current and preceding five years YES \_\_\_\_\_\_ NO \_\_\_\_\_**

**with no lapse in membership**

**II. Attach Summary of honoree’s accomplishments:**

* **Not to exceed 300 words**
* **Include evidence of excellence in school nursing based on Scope & Standards of Professional School Nursing Practice**

**III. Submit digital photograph of honoree at least 300 dpi/inch.**

* **Photograph must be formatted as a .jpg**
* **Photograph should be no larger than 1 MB in size.**

**Nomination submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**